Name In Full

Certificate of Death

Daniel Burrel

~~Town~~ ~~County~~

Died near Frederick MARYLAND

Date 1899	Month 7	Day 31	Age Y. 78	M. 8	D. 23	Native of	Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living ~~dead~~

Husband / Wife of ×

Father's Name ×

Mother's Name × 57

Cause of Death — Primary: Organic Heart Disease — How long sick: 2 years

Cause of Death — Immediate: — Accident, Suicide, Homicide

Reported by Franklin Buchanan Jones

Address Frederick Md

Must be signed by physician, if ~~any in attendance~~, otherwise by coroner, ~~undertaker or minister~~.

LIBRARY BUREAU, 79838

Name in Full: Ira M Bopst

Certificate of Death

Died at: Town: Frederick County: Frederick MARYLAND

Date 1899 Month: July Day: 30th Age Y. 1 M. 7 D. — Native of: Frederick Occupation: +

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living 4

Husband of Wife +

Father's Name: Wm M. Bopst

Mother's Name: Annie M. Bopst

Cause of Death: Primary Teething — Immediate Intern Colitis — 82

How long sick

~~Accident, Suicide, Homicide~~

Reported by: S. S. Maynard

Address: 17 W. Second St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Mx Olivet Cemetery
Aug 1, 1899
C C Carty

Name in Full

Certificate of Death

Emma Gaither Boyle.

Died at Town: Near Liberty County: Frederick MARYLAND

Date 1899 Month: July Day: 6 Age Y. 27. M. 7. D. 23 Native of: Fred Co Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband / Wife of John Brook Boyle

Father's Name Henry C. Gaither Mother's Name Juliet Maynard

Cause of Death: Primary Pulmonary Consumption How long sick 18 months

Immediate Heart failure 22a ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. Thomas Linn.

Address Liberty town Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Lydia Wisman Brane

Certificate of Death

Died at Middletown (Town) Frederick (County) MARYLAND

Date 1899 July (Month) 29 (Day) | Age Y. 79. M. 4. D. 7 | Native of Maryland | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3.

~~Husband~~ Wife of Egra Brane

Father's Name Valentine Wisman

Mother's Name Mary Wisman

Cause of Death: Primary Cerebral Haemorrhage

Immediate Apoplexy 42

How long sick 24 Hours

~~Accident, Suicide, Homicide~~

Reported by J. E. Beatty M.D.

Address Middletown Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full Illegitimate female Child Butler

Certificate of Death

Died at Town Middletown County Frederick MARYLAND

Date 189 2 Month July Day 19 Age Y. M. D. — Native of — Occupation —

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife — Still

Father's Name ~~unknown~~ Mother's Name Eliza Butler

Cause of Death: Primary Stillbirth due to malpresentation & neglect

Immediate

How long sick —

~~Accident, Suicide, Homicide~~

Reported by E L Bickley

Address Middletown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Nannie E. Butler

Died at Town: Frederick County: Md MARYLAND

Date 1899 Month: July Day: 17 Age Y. M. D.: 10 2 Native of: Md Occupation: —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Abram Butler Mother's Name: Mary Makel

Cause of Death: Primary 82 How long sick

Immediate: Marasmus Accident, Suicide, Homicide

Reported by: Louisa Young Cold (Nurse)

Address: W. All Saints St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Attended by Dr. None

of

Seen by Coroner None

of

Information contained in this certificate re-
ceived from Louisa Young Nurse

of Fuel Ind

Name in Full — Certificate of Death

Martha E. Cook

Died at Town: Frederick — County: Frederick — MARYLAND

Date 1892 — Month: 7 — Day: 16 — Age: Y. 49 M. D. — Native of — Occupation: Housework

~~Male~~ — ~~White~~ — Married — ~~Widow~~ — ~~Divorced~~

Female — Colored — ~~Single~~ — ~~Widower~~ — Number of children living 4

Husband / Wife of Wm. E. Cook

Father's Name: Harrison Carpenter — Mother's Name: Jane Carpenter 72

Cause of Death — Primary: Pneumonia & Cardiac Asthma — How long sick: 5 weeks

Immediate: Heart failure

~~Accident, Suicide, Homicide~~

Reported by J. D. Hendrix

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Lewis O. Castle — Certificate of Death

Died at Town Frederick, County Frederick, MARYLAND

Date 1899 Month 7 Day 18 | Age Y. 51 M. 1 D. 5 | Native of Fredk. Co. | Occupation Merchant

~~Male~~ / White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of Single 5-7

Father's Name Daniel Castle — Mother's Name Susan Routzahn

Cause of Death — Primary Chronic Myocarditis — How long sick 5 days - last illness

Immediate Paralysis of Heart — ~~Accident, Suicide, Homicide~~

Reported by J. O. Hendrick

Address Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Mt Olivet Cemetery

July 20 1899

C C Carty

F.D.

Name in Full

Emma Grace Crum

Certificate of Death

Died at (Town) near Mt Pleasant (County) Frederick MARYLAND

Date 189[illegible] (Month) July 7th (Day) | Age (Y.) 23 (M.) 5 (D.) | Native of Maryland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced

Husband / Wife of Albert Crum | Number of children living IV children

Father's Name Wm Walker | Mother's Name Hannah Walker

Cause of Death: Primary Consumption 22a | How long sick 28 months

Immediate | Accident, Suicide, Homicide

Reported by L E Sloan

Address Mt Pleasant Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6505R

Name in Full | Certificate of Death

John Leelaplane

Died at Town Bridgeport County Fredk MARYLAND

Date 189 9 Month July Day 18 | Age Y. 81 M. 6 D. 9 | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 5

Husband of Wife

Father's Name | Mother's Name 141

Cause of Death: Primary Old Age | How long sick 2 days

Immediate Cholera Morbus | ~~Accident, Suicide, Homicide~~

Reported by C. Bivine MD

Address Sandy town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name In Full #6294 Certificate of Death

Robert Fitzgerald

Died at Town Point of Rocks County Fred MARYLAND

Date 1899 Month 7 Day 21 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Copy Mother's Name

Cause of Death { Primary 22 a | How long sick

Immediate Consumption of the lungs | Accident, Suicide, Homicide

Reported by R. W. Trapwell, M.D.

Address Pt. of Rocks

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Mary A Flynn

Certificate of Death

Died at Town Frederick → County

MARYLAND

Date 1899 Month July Day 6 Age Y. 63 M. + D. ~~Native of~~ Md Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Apoplexy 42

Immediate

How long sick

Accident, Suicide, Homicide

Reported by J Imlendy

Address Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6598B

Name in Full Webster W Forrest

Certificate of Death

Died at Town Brunswick County Lee MARYLAND

Date 189 9 Month July Day 16 | Age Y. 99 M. D. | Native of Ald | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 6

Husband ~~Wife~~ of Marguarett Forrest

Father's Name Solomon Forrest Mother's Name Elizabeth Forrest

Cause of Death: Primary old age 141 How long sick 5 years

Immediate 8-30 Accident, Suicide, Homicide

Reported by Geo H Freeto & Bro

Address Brunswick Ala

REPL

OVER

OVER

Must be signed by physician, if any in attendance, other by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. _____

of _____

Information contained in this certificate received from Mr Mussell

of Brunswick Md

Seen by Coroner _____

of _____

OVER

Name in Full William Green.

Certificate of Death

Died at Town Myerville, County Frederick Co. MARYLAND

Date 1899. Month July. Day 8th | Age Y. 79. M. 6. D. 7. | Native of Maryland | Occupation Retired farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living, Seven

Husband ~~Wife~~ of Margaret Ann Sophia Green,

Father's Name Lawrence Green

Mother's Name Mary Green,

Cause of Death: Primary Mitral Regurgitation

Immediate Heart failure & Dropsy

How long sick 3 months

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Lewis Lamar M.D.

Address Wolfsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: Lloyd Guiser.

Certificate of Death

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1899 — Month: 7 — Day: 21 — Age: Y. 1 M. 2 D. 22 — Native of: Frederick — Occupation: Clerk.

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — ~~Number of children living~~

~~Husband of~~ ~~Wife~~

Father's Name: Curtis Guiser. — Mother's Name: Lizzie Guiser.

Cause of Death — Primary: Cholera Infantum — How long sick: 1 week.

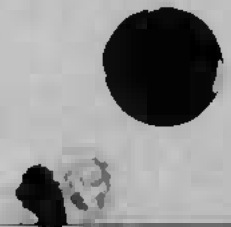
Immediate: Spasme. 82 — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: H. F. Lebendammer Gmd

Address: Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968



Name in Full | Certificate of Death

Infant of William Hessmiller

Died at Town Emmitsburg County Frederick MARYLAND

Date 1899 Month June Day 15 | Age ~~Y.~~ ~~M.~~ D. 2 | Native of Maryland | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name William Hessmiller | Mother's Name Barbra Saffer

Cause of Death: Primary | How long sick

Immediate | ~~Accident, Suicide, Homicide~~

Reported by M. F. Shuff Undertaker

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. J. W. Eichelberger

of Emmitsburg Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Mrs Wilhelmina Hughes

Certificate of Death

Died at Town Frederick County " MARYLAND

Date 1899 Month 7 Day 30 Age Y. 59 M. 9. D. 7 Native of Md Occupation H.K.

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widowed~~ Number of children living 5

Husband / Wife of Mr Hughes

Father's Name Mr F. Y. Mother's Name

Cause of Death: Primary Typhoid Dysentery / Immediate Asthenia. How long sick 10 days

Accident, Suicide, Homicide

Reported by C F Goodell M.D.

Address Frederick, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Thomas Lyles

Certificate of Death

Died at Town Frederick County Frederick, MARYLAND

Date 1899 Month July Day 25 Age Y. 57 M. - D. - Nativity Fredk. Co., Md. Occupation Laborer

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband ~~Wife~~ of Florence Hull (dead)

Father's Name Mother's Name

22 a

Cause of Death: Primary Pulmonary Tuberculosis — How long sick about 8 mos.

Immediate General Asthenia

~~Accident, Suicide, Homicide~~

Reported by J. A. Kendrick

Address Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Greenwood Cemetery
Today
A. Z. Rich Sim

Name In Full Mary Helen McBride

Certificate of Death

Died at Town Emmitsburg County Frederick MARYLAND

Date 189 9 — Month 7 Day 29

Age Y. 63 M. 11 D. 22

Native of Pa. U.S.

Occupation Religious

Male White yes Married Widow Divorced

Female yes Colored Single yes Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death

Primary Phthisis Pulmonalis

Immediate Phthisis Pulmonalis

How long sick

Accident, Suicide, Homicide

Reported by John B. Browner.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: William Austin Makel

Certificate of Death

Died at: Town: Frederick County: Frederick MARYLAND

Date 1899 Month: July Day: 31 | Age Y. M. D.: 5 - 12 | Native of: Frdk. | Occupation: —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: John Makel

Mother's Name: Emma Brown

Cause of Death: Primary: Cholera Infantum — How long sick: 2½ days

Immediate: Asthenia 82 — ~~Accident, Suicide, Homicide~~

Reported by: S. T. Haffner, M. D.

Address: Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

over

LIBRARY BUREAU, 65968

Interment Aug 2nd

" at Bartonsville

A. F. Rice defends.

Name in Full — Certificate of Death

John Henry Nusbaum.

Died ~~at~~ Town: Mar McKaig — County: Frederick State MARYLAND

Date 1899 Month: July Day: 23 Age Y. 57 M. 6 D. 22 Native of Md. Occupation Farmer.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband ~~Wife~~ of Ellen Haugh

Father's Name Samuel Nusbaum Mother's Name Catharine Reese

Cause of Death: Primary 256 Stomach — How long sick 1 year

Immediate Carcinoma of. — ~~Accident, Suicide, Homicide~~

Reported by J. H. Leib M. D.

Address Mt. Pleasant Fred. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full | Certificate of Death

Hanson Poole.

Died at Town: Frederick | County: Frederick | MARYLAND

Date 1899 | Month: 7th | Day: 26th | Age: Y. 80 | M. — | D. — | Native of: Frederick | Occupation: Laborer.

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living: None

Husband ~~Wife~~ of

Father's Name: William Poole | Mother's Name:

Cause of Death: Primary: Cardiac Dropsy. 57 | How long sick: about 3 yrs.

Immediate: Angina Pectoris | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: H. F. Getzendammer Dr. W.

Address: Frederick Dead.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name in Full | Certificate of Death

William H. Poole.

Died at Town: Frederick | County: Frederick | MARYLAND

Date 1899 | Month: 7 | Day: 19 | Age: Y. 58 | M. × | D. × | Native of: Frederick Md. | Occupation: Driver.

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living: None

Husband ~~Wife~~ of Louisa Poole.

Father's Name: William Poole | Mother's Name: Catherine Poole

Cause of Death:
- Primary: Hypertrophy of the heart. | How long sick: about 1 year.
- Immediate: Angina Pectoris 58 | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: H. T. Gehendammer Mud

Address: Frederick Md.

Must be signed by physician, if any in attendance, other[illegible] by coroner, undertaker or minister.

Coroner

LIBRARY BUREAU, [illegible]

Interment at Mt Olivet
" July 21st 99
A. T. Rice & Sons.

Name in Full Dennis Martin Pumphrey — Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 1899 Month July Day 21 | Age Y. 4 M. D. 23 | Native of | Occupation

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living Three

Husband / Wife of

Father's Name George Pumphrey — Mother's Name Carrie Pumphrey

Cause of Death: Primary Marasmus. 82 — How long sick 4 months

Immediate — Accident, Suicide, Homicide

Reported by C. S. Reuter M.D.

Address Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65888

Received 7-21-99

7-50 P.M.

Name in Full Lee Strine Rhoderick

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month July Day 6 Age Y. - M. 5 D. 12 Native of — Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name W. C. Rhoderick Mother's Name Minnie J. Strine

Cause of Death Primary Acute Entero-Colitis 82 How long sick 3 days

Immediate Meningitis — Convulsions ~~Accident, Suicide, Homicide~~

Reported by J. O. Hendrix, M.D.

Address Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full George Sewell

Certificate of Death

Died at Town Monrovia County Frederick MARYLAND

Date 1899 Month July Day 7

Age Y. 23 M. D.

Native of Maryland

Occupation Laborer

Male ~~Female~~

~~White~~ Colored

~~Married~~ Single

Widow ~~Widower~~

~~Divorced~~

~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name William Sewell

Mother's Name Harriet Sewell

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: 9 weeks

Immediate: Exhaustion 22a — ~~Accident, Suicide, Homicide~~

Reported by Dr. N. N. Hopkins

Address New Market, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79PDR

Name In Full Martha Shaw

Certificate of Death

Died at Town Plane No 4 County Frederick MARYLAND

Date 189 Month 7. Day 10 | Age Y. 61 M. D. | Native of Monty Co Md | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name Leonard D. Shaw. Mother's Name Annie E Hollyn d.

Cause of Death — Primary Paralysis 42 — How long sick 10 hours

Immediate Cerebral Hemorrhage — Accident, Suicide, Homicide

Reported by J W Dorsey MD

Address New Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70855

Name in Full: Sarah Lee Stine

Certificate of Death

Died at Town: Ligon's Station County: Frederick MARYLAND

Date 1899 Month 7 Day 27 | Age Y. 35 M. 6 D. 17 | Native of Md. | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living None

Husband of Wife: Pierce Stine

Father's Name: Simon Crum Mother's Name: Margaret Crum

Cause of Death — Primary: Phthisis Pulmonalis | How long sick: 14 mos.

Immediate: Heart Failure 22d | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: O.P. Stone M.D.

Address: Liberty Town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Susan Thomas

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 189 Month July Day 5 | Age Y. 76 M. 9 D. | Native of Md. | Occupation Retired

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | Widow / Widower | Divorced / Number of children living 4

Husband / Wife of Lewis M. Thomas

Father's Name Adam Swirly | Mother's Name Catharine Swirly

Cause of Death: Primary Disease of Heart (Valvular) | How long sick 6 Mos

Immediate Oedema of Lungs 5-7 | ~~Accident, Suicide, Homicide~~

Reported by J. S. Mayne M.D.

Address 17 N. 2nd St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65908

Name in Full Charles B. Tyson

Certificate of Death

Died at Town Frederick County Frederick Co MARYLAND

Date 1899 Month 7 Day 23 | Age Y. 53 M. 4 D. — | Native of Frederick | Occupation Nat Accountant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced

Number of children living 2

Husband of Wife

Father's Name

Mother's Name

25g

Cause of Death: Primary Cancer of Jaw, Immediate Exhaustion

How long sick Abandoned Yr

Accident, Suicide, Homicide

Reported by W. G. McCamas

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Mary Walter

Died at Town Mostelburg P.O. County Fred K MARYLAND

Date 189 Month Day May 6 | Age Y. M. D. | Native of | Occupation Housekeeper

Male White = Married = Widow Divorced

Female 1 Colored Single Widower Number of children living 3

Husband of Wife Felix Walter —

Father's Name Mother's Name 22a

Cause of Death Primary Consumption lungs | How long sick

Immediate Exhaustion from Child Bearth | Accident, Suicide, Homicide

Reported by John B. Brown

Address Emmitsburg,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Sophy Elizabeth Waters

Certificate of Death

Died at Town Frederick County " MARYLAND

Date 189 9 Month 7 Day 21 Age Y. — M. 10 D. 2 Native of md Occupation X

~~Male~~ Female White ~~Colored~~ Married X Single Widow X Widower Divorced Number of children living X

Husband of Wife X

Father's Name Saml Waters Mother's Name Lizzie Luch

Cause of Death Primary Acute Meningitis How long sick 1 week

Immediate Coma. 39a Accident, Suicide, Homicide

Reported by C. F. Goodell M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full | Certificate of Death

John Thomas West

Died at Town: Unionville County: Frederick MARYLAND

Date 1899 Month: July Day: 15 Age Y. M. D.: 5 Native of: Md Occupation

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

~~Husband~~ ~~Wife~~ of

Father's Name: John West Mother's Name: Mary Butler

Cause of Death: Primary: Dysentery 84 How long sick: 8 days

Immediate: Accident, Suicide, Homicide

Reported by: Thomas P. Sappington

Address: Unionville Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Young

Died at Town: Frederick County: Frederick MARYLAND

Date 1899 Month: July Day: 13 Age Y. M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 3

Husband of Wife Margaret Hammond

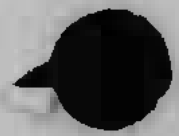
Father's Name Howard Young Mother's Name Margaret Young

Cause of Death: Primary Still Born How long sick

Immediate Accident, Suicide, Homicide

Reported by F F Smith

Address 40 E 20 St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988